

NO KIDDING: Straight Talk from Teen Parents

Childcare Reimbursement Form

Please submit this form with your monthly Invoice packet. If you have used the same provider for multiple events, you may submit one form but make sure your receipt(s) includes a detailed listing of the hours for which you are requesting reimbursement. If you used different providers, you will need to submit a separate form for each, again with detailed receipts.

Intern Name _____

Event & location _____ Date: _____ Time: _____
(presentation, team meeting, training, other)

Event & location _____ Date: _____ Time: _____

Event & location _____ Date: _____ Time: _____

Event & location _____ Date: _____ Time: _____

Time of Drop-Off _____ Time of Pick Up _____ Total Hours of Care _____

Child's Name(s) _____ Age(s) _____

Child Care Provider (Please check one)

Approved drop-in or other childcare center– Name _____

Name of Manager on duty _____

Phone number _____

Address _____

Individual Babysitter – Name _____

Phone number _____

Address _____

*** you must include a receipt of billed hours for all childcare reimbursements**

Signature _____ Date _____

INTERN COMPLETES	_____ X _____ = _____
	Total Hours of Care \$5.50 per hour per child Total Amount to be Reimbursed (maximum \$22)
CHILDCARE BANK REQUEST	_____ X _____ = _____
	Total Hours of Care \$5.50 per hour per child Total Amount to be Reimbursed (maximum \$44)
OFFICE COMPLETES	<input type="checkbox"/> Approved. Balance left in child care fund: _____ <input type="checkbox"/> Denied, no funds available.